



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)  1920
In re-Application of Merrette, Michele M., et al.		
U.S. Application Number 09/804,791		International Filing Date: 03/13/01
For: <b>STARCHES FOR USE IN PAPERMAKING</b>		
Group Art Unit 1731		Examiner: Chin, Peter

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- |   |           |
|---|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a) (1))             | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a) (2)) | \$ 410.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a) (3))          | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a) (4))           | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a) (5))           | \$ _____  |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ \_\_\_\_\_
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-0455.  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record  
☒ attorney or agent under 37 CFR 1.34(a)  
Registration number if acting under 37 CFR 1.34(a) 37,869

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
David P. LeCroy  
Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required below.

☒ Total of 1 forms are submitted.

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